

Complete and submit this form to your Designated School Official (DSO) or Point of Contact (POC) for review and approval prior to a break in your enrollment for vacation.

As an F-1 visa student, you must have successfully completed 2 semesters of full-time enrollment at DeVry University and since your last vacation period (if any) before you are eligible for an approved vacation period. Submission of this request is not a guarantee of approval of a vacation period. Failure to receive proper approval before a break in your enrollment for vacation will result in a termination of your F-1 visa status.

A. Student Information

Student Last/Family Name (printed)

Student First Name (printed)

Student SEVIS ID Number

Student DSI Number

U.S. Address

City/State/ZIP Code

U.S. Telephone Number

Email

B. Vacation Period Requested

Select the terms that are a part of the semester for which the vacation is being requested. Vacations can only be approved for a period of one full semester.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> January Term 2017
(Jan 2 – Feb 25, 2017) | <input type="checkbox"/> March Term 2017
(Feb 27 – April 22, 2017) | <input type="checkbox"/> May Term 2017
(May 1 – June 24, 2017) | <input type="checkbox"/> July Term 2017
(July 3 – Aug 26, 2017) |
| <input type="checkbox"/> September Term 2017
(Aug 28 – Oct 21, 2017) | <input type="checkbox"/> November Term 2017
(Oct 23 – Dec 16, 2017) | <input type="checkbox"/> January Term 2018
(Jan 1 – Feb 24, 2018) | <input type="checkbox"/> Mar Term 2018
(Feb 26–April 21, 2018) |

C. Coursework During Vacation

F-1 visa students may enroll in and attend courses during their approved vacation period without being required to maintain a full-time level or an onsite course presence. Final coursework required to complete a degree program cannot be taken during a vacation period and a vacation period cannot be approved for a final term of study prior to degree completion.

In the space provided, list any and all courses that you plan to enroll in during your requested vacation. If you do not plan to enroll in any courses during your requested vacation, please indicate this and do not leave the lines below blank.

Student Name

Student DSI Number

D. Student Success Coach/Student Support Advisor Review

If you have listed above any courses that you are planning to enroll in during your requested vacation, you must take this form for review to your Student Success Coach to confirm that successful completion of the courses listed above will not satisfy all of the remaining graduation requirements for your degree program.

I hereby certify that if the student successfully completes all of the courses listed above he/she will not have a satisfied all of the remaining graduation requirements for the degree program listed above and will be required to enroll in additional courses to satisfy all of the remaining graduation requirements for the degree program listed above.

Student Success Coach/Student Support Advisor Name (printed)

Student Success Coach/Student Support Advisor Signature

Date

F. Student Certification and Signature

I hereby certify that I have read and understood the instructions above. I understand that submission of this request is no guarantee of an approval for a vacation. I understand that until such approval is received, I am required to continue a level of full-time enrollment or my F-1 visa status will be terminated. I understand that if my request for vacation is approved and I should decide to enroll in any courses not listed above during that time, I must review the courses with my Student Success Coach prior to enrollment to confirm that successful completion of such courses will not satisfy all remaining graduation requirements for my degree program during my vacation period.

I understand that if I should complete all of the remaining graduation requirements for my degree program during my vacation period, my F-1 visa status will be terminated and I may lose eligibility for any F-1 visa program benefits, including Optional Practical Training.

I understand that this request is not considered approved until I receive an updated Form I-20 authorizing this request.

Student Signature

Date

This Section for Use By Designated School Official / Point of Contact Only

I have reviewed this request, all supporting documentation and student eligibility requirements and hereby have made the decision below regarding the request for vacation for the student and semester noted above.

I understand that this decision does not constitute final approval of the request and that such final approval, if granted, will be provided in the form of an updated Form I-20 authorizing this request.

- Application Accepted**
- Application Denied – Reason for Denial:**

Designated School Official / Point of Contact (printed)

Designated School Official / Point of Contact Signature

Date